

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-570)**

SERIAL NO.  
**09/295935**  
APPLICATION

FILING DATE

**4-21-99**

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
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TOTAL NO.	5					
TOTAL DEF.	26					
TOTAL	31					

	NO.	DEF.	NO.	DEF.	NO.	DEF.
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